

Name
In
Full

Amelia Catharine Benner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sharpburg</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Jan</u>	Day <u>8</u>	Age <u>62</u> ^{Years}	Months <u>1</u>	Days <u>18</u>
Sex <u>Female</u>	Color or Race <u>white-</u>		Birth-place <u>Sharpburg</u>		
Married, Single or Widowed <u>Married</u>		Occupation			
Name of Wife or Husband <u>Franklin Benner</u>					
Father's Name <u>John Heine</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Went- Know</u>		Mother's Birthplace <u>—</u>			
Name of person giving information <u>Chas Show</u>		How related to deceased <u>Son in Law</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Hemiplegia</u> <u>left</u>	How long <u>Six days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>G. M. Gunnott</u>
	Address <u>Sharpburg, Ind</u>
Accident or Suicide?	

Eugene Wacker.
Undertaker.

Name
in
Full

Barry L. Boward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>7</u>	Day <u>13</u>	Age <u> </u> Years	Months <u>3</u>	Days <u>12</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Hagerstown Md</u>		
Married, Single or Widowed <u> </u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>Wm. Boward</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Edith Garlock</u>			Mother's Birthplace <u>Md</u>		
Name of person giving Information <u>Edith Boward</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

Primary <u>64</u>	How long <u> </u>
Immediate <u>Congestion of Brain</u>	How long <u> </u>

Are the name, age, sex, color, date and place correctly given above?

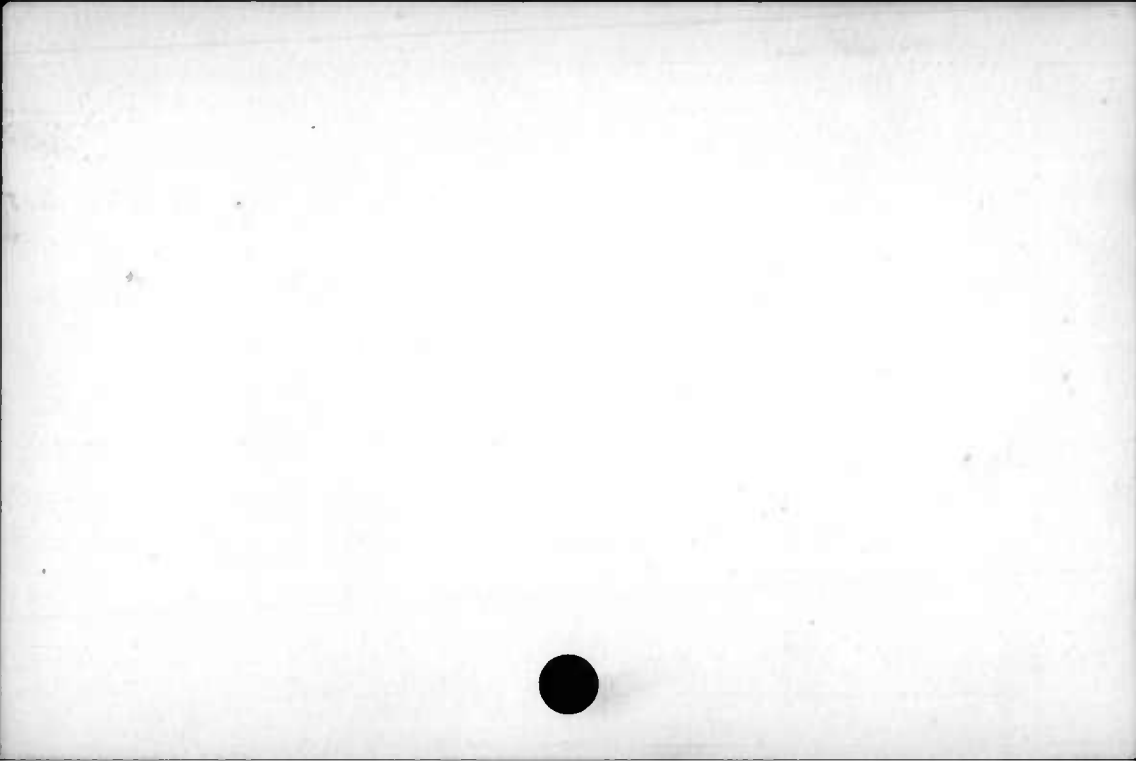
Signature of Physician

Address

L. M. HattainsL. M. HattainsUndertaker

Accident or Suicide?

PHYSICIAN
OR CORONER
(1)



Name
in
Full

CERTIFICATE OF DEATH

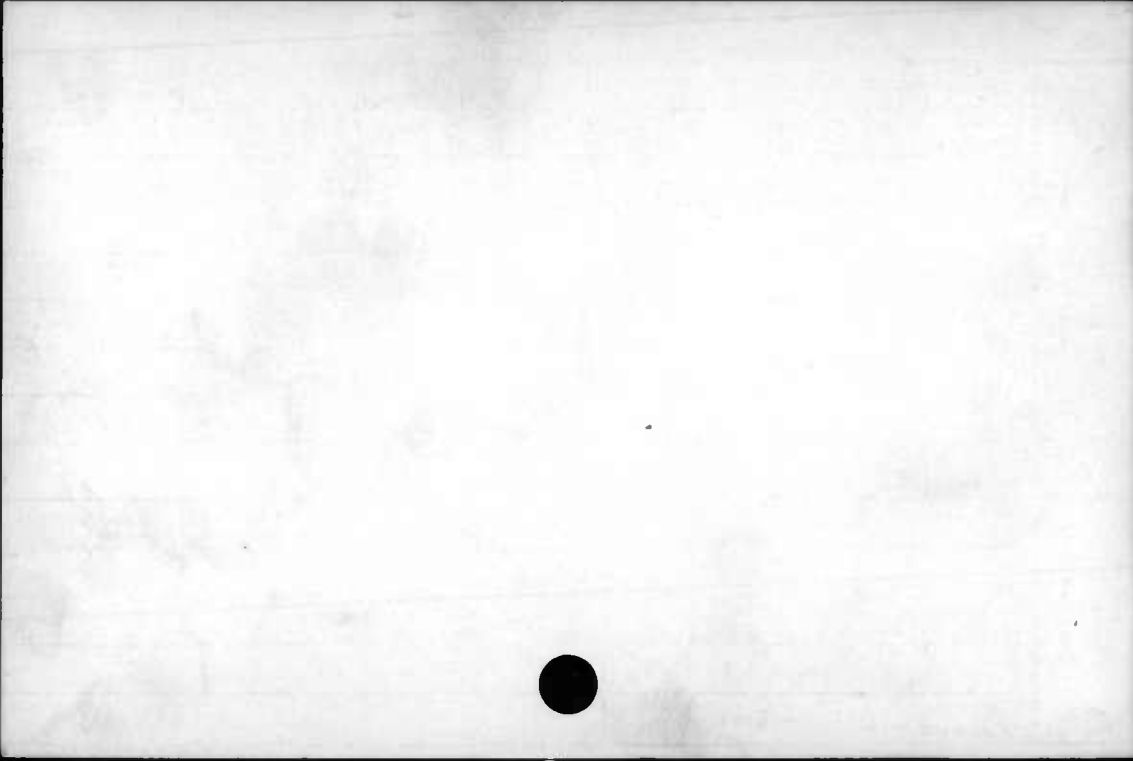
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Haystack</i> Town		<i>Washington</i> County		MARYLAND	
Date of death 190	3	Month	Jan	Day	29
Age	55	Years		Months	
Sex	Female	Color or Race	Black	Birth-place	Frederick Co
Married, Single or Widowed	Married	Occupation	house work		
Name of Wife or Husband	Nathaniel Botse				
Father's Name	Mason Turner			Father's Birthplace	Frederick Co
Mother's Maiden Name	Elysa Rollins			Mother's Birthplace	Frederick Co
Name of person giving information	Barbara Frances			How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis & Endocarditis</i>	How long	<i>many</i>
Immediate	<i>acute Bronchitis & Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Victor Duillea Jr.</i>
		Address	<i>Haystack, Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

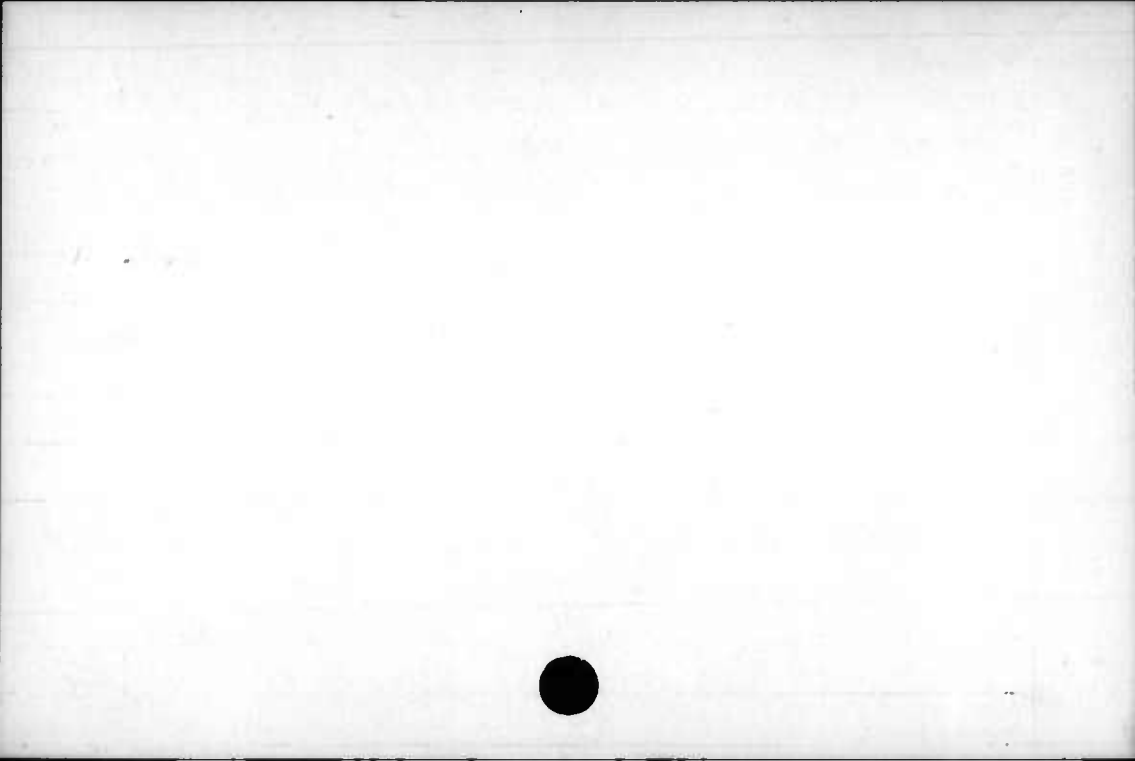
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death 190	Month <i>Jan</i>	Day <i>25</i>	Age <i>57</i>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Married, Single or Widowed <i>married</i>			Occupation <i>Watchman.</i>		
Name of Wife or Husband <i>Ann Rebecca Brill.</i>					
Father's Name <i>George Brill</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Maria Beard</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Mrs. Ann R. Brill</i>			How related to deceased <i>wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>60 - 8 months.</i>
Immediate	<i>Exhaustion</i>	How long	<i>few days.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. M. P. Scott.</i>
		Address	<i>Hagerstown, Md.</i>
Accident or Suicide?			



Name In Full

Certificate of Death

Jacob S. Brumbaugh
 Town _____ County _____

Died at

Washington

MARYLAND

Date 19 <i>03</i>	Month <i>Jan.</i>	Day <i>16</i>	Y. <i>—</i>	M. <i>2</i>	D. <i>—</i>	Native of <i>Md.</i>	Occupation _____
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of
 Wife

Father's Name *Edward Brumbaugh*

Mother's Name *Rhoda Summers*

Cause of Death { Primary *Confection of lungs*
 Immediate *Convulsions*

How long sick

One day

Accident, Suicide, Homicide

Reported by *E. W. Palmer, M.D.*

Address *Greencastle, Pa.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Litt Banghman
Sub reg

Ivy May Cramer

Town

County

Died at *new Lees**Wash*

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	1	27				<i>Ind</i>	
Male	White	Married				Widow	Divorced
Female	Colored	Single				Widower	Number of children living

Husband
of
Wife

Father's
Name *Harry L Cramer*

Mother's
Maiden Name *Lizzie Garrison*

Cause of
Primary *Alzheimer*

How long sick

8 da's

Death
Immediate *8 a.m. 14*

Accident, Suicide, Homicide

Reported by *C. R. Baker, M.D.*

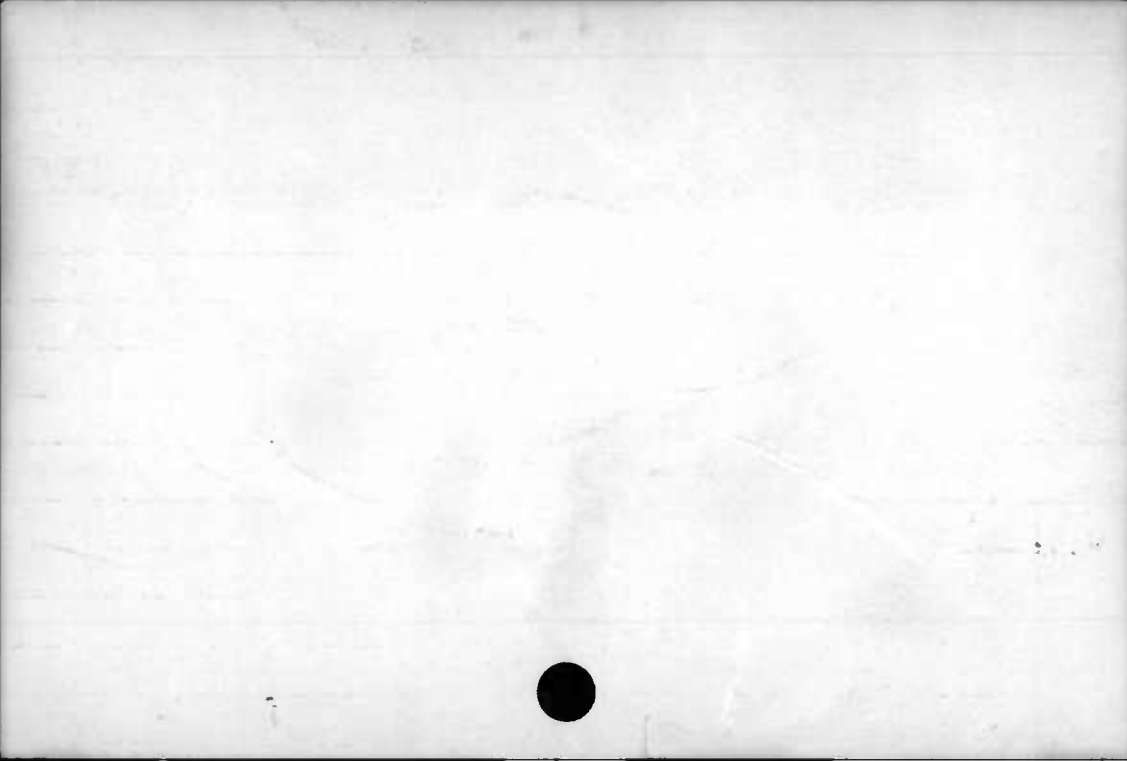
Address *Rockville*

Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Stillborn child				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Reid		County Washington		MARYLAND
	Date of death 1903		Month Jan	Day 27 th	Age Years	Months	Days
	Sex Female		Color or Race White		Birth-place Reid		
	Married, Single or Widowed X				Occupation		
	Name of Wife or Husband X						
	Father's Name Josiah P. Delauter				Father's Birthplace Md		
	Mother's Maiden Name Sarah V. Palmer				Mother's Birthplace Md		
Name of person giving information J. P. Delauter				How related to deceased Father			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above? X				Signature of Physician Address Haguerstown Md		
Accident or Suicide?							



Name in Full

Certificate of Death

Child of *H. L. Dellinger*

131

Died at

Milliamsport.

MARYLAND

Date 1893

Month

Day

Y.

M.

D.

Native of

Occupation

*1 15.*Age *about 1 hour.*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

H. L. Dellinger

Wife

Father's

Name

Mother's

Name

Lutie Dellinger

Cause of

Primary

How long sick

Death

Immediate

*Premature**151*

Accident, Suicide, Homicide

Reported by

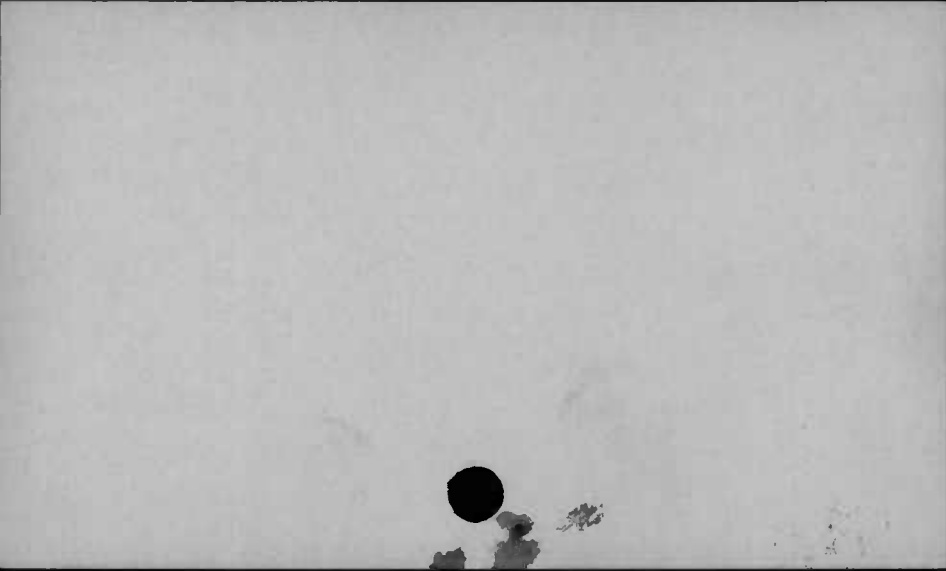
*Samuel K. Smully**M.D.*

Address

Milliamsport-Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55020



Name in Full

Certificate of Death

Margaret Dellinger

122

Died at ^{Town} Milliamport.

County

Washington

MARYLAND

Date **1903** ^{Month} **1** ^{Day} **16**, ^{Y.} **1903** ^{M.} **1** ^{D.} **16**, ^{Age} **one week**.
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of **Harry R. Dellinger**
 Wife
 Father's

Mother's

Name

Name

Dietie Dellinger

Cause of { Primary **Preture Birth****151**

How long sick

Death { Immediate

Accident, Suicide, Homicide

Reported by

Address

S. K. Snively M.D.
William S. Sforz M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Cora Draper

Died at ^{Town} Snowhollow^{County} Wash

MARYLAND

Date 1903 ^{Month} Jan ^{Day} 22 | Age ^{Y.} 8 ^{M.} — ^{D.} — | Native of Wash Co | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~


Husband
of
Wife

Father's Name Ira Draper | Mother's Maiden Name Mary Houpt-

Cause of Death { Primary Mem. Croup -
 Immediate Heart - Asthma.

How long sick
14 days
Accident, Suicide, Homicide

Reported by Dr. S. S. Davis

Address  and —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Virgie Mary Draper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Smoketown</u> ^{Town}		<u>Wash. Co</u> ^{County}		MARYLAND	
Date of death 190 <u>8</u>	Month <u>July</u>	Day <u>2</u>	Years <u>24</u>	Months <u>6</u>	Days <u>6</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Smoketown</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>+</u>			<u>X</u>		
Father's Name <u>Ira Draper</u>			Father's Birthplace <u>Fred Co.</u>		
Mother's Maiden Name <u>Mary Hough</u>			Mother's Birthplace <u>Wash. Co</u>		
Name of person giving information <u>Father</u>			How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Mem. Group</u>	How long
Immediate <u>Auto intox</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>S. S. Davis</u>
<u>—</u>	Address <u>Boonsboro Md</u>
<u>—</u>	



Name in Full

Certificate of Death

Lama Delagett. Garratt.

Town

County

Died at Herndon

Washington

MARYLAND

Date 1903
 Month 1 Day 8
 Age 43.4 20
 Y. M. D.
 Native of Md
 Occupation Housewife
 Male White Married Widow Divorced
 Female Colored Single Widower
 Number of children living 4

Husband of Edward. Garratt
 Wife

Father's Name William Hilleary
 Mother's Name Ellen M. G. Hilleary
 Maiden Name

Cause of Death
 Primary Anasarcia
 Immediate Intestinal Hemorrhage
 How long sick 2 Weeks
 Accident, Suicide, Homicide

Reported by J. T. Yonitee, M.D.
 Address 1 Brunsille Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 189

3

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's
NameMother's
Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Still born

CERTIFICATE OF DEATH

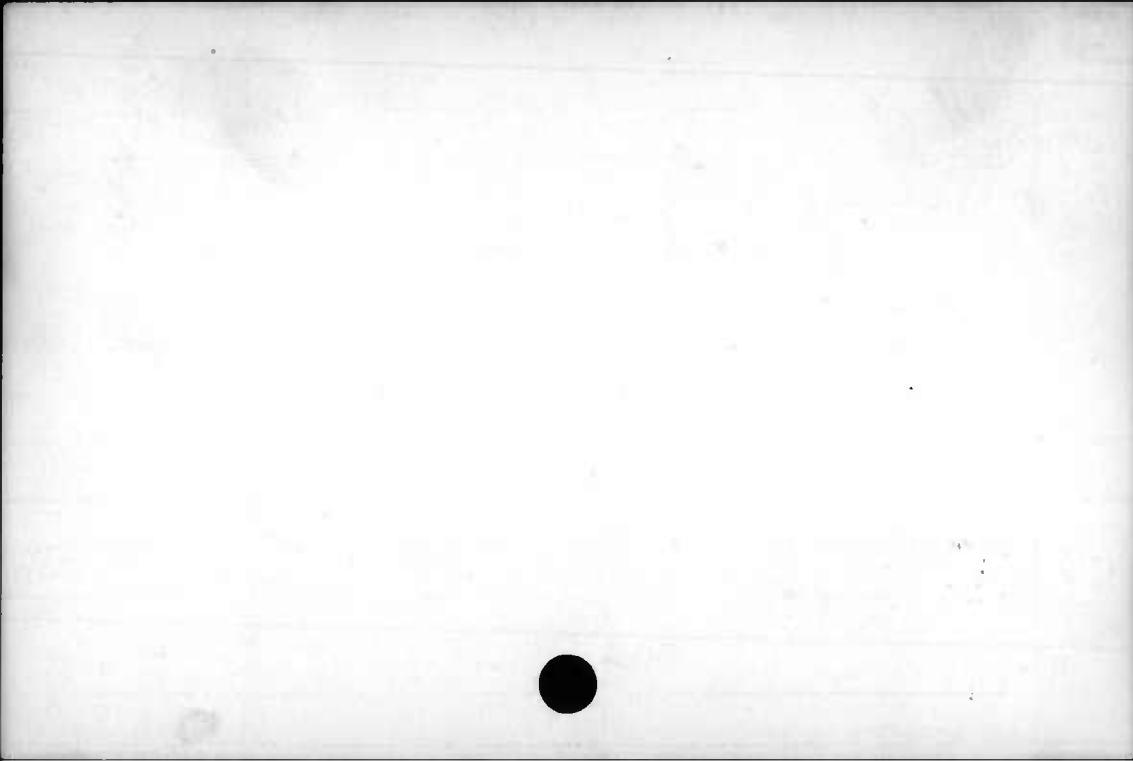
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death 1903		Month 1		Day 21		Age		Years Months Days	
Sex <i>Boy</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>					
Marrled, Single or Widowed		Occupation							
Name of Wife or Husband									
Father's Name <i>W. Le. Harne</i>					Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Lamgin A Moore</i>					Mother's Birthplace <i>Md</i>				
Name of person giving information <i>W. Le Harne</i>					How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born.</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. E. Pitman</i>	
		Address <i>Hagerstown Md</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Laura Hughes

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Jan.

17

Age 80

6

24

Chambersburg Pa

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

One

~~Husband~~

of

Louis M. Hughes

Wife

Father's

Name

Walton Gray

Mother's

Maiden Name

Ann Ferguson

Cause of

Primary

Fall upon elbow

How long sick

Dec 22 to Jan. 17

Death

Immediate

Heart failure 166

~~Accident, Suicide, Homicide~~

Reported by

J. W. Hummichouse

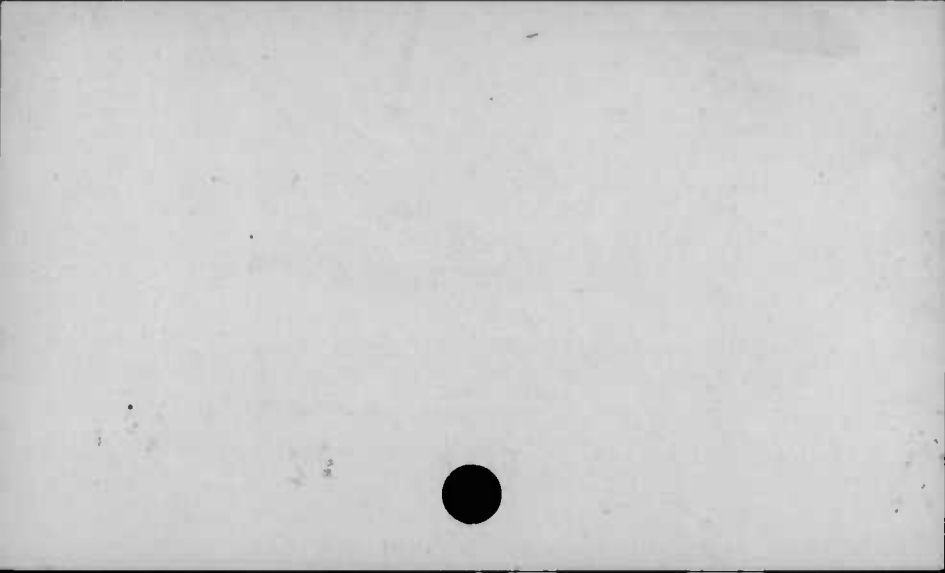
M. D.

Address

Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70899



Name in Full

Certificate of Death

Virginia Hull

Died at

Petomills Washington

MARYLAND

Date

1903

Jan. 16

Age

41

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Wife

of

Father's

Name

Cause of

Primary

Gave birth to Monstrosity

How long sick

48 hours

Death

Immediate

Internal Hemorrhage

Accident, Suicide, Homicide

Reported by

Dr. H. C. Foster

Address

Clearspring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68868



Name in Full

Certificate of Death

Hull

MARYLAND

Died at *Pecktonville*

Town

Washington

County

Date 1903 *Jan 6th*

Month

Day

Age *1-9*

Y.

M.

D.

Native of

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

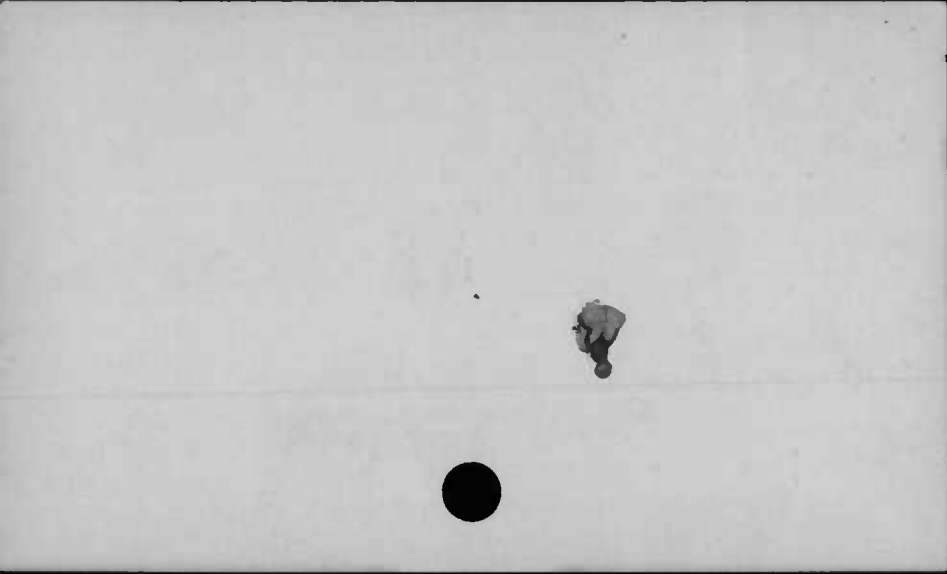
Father's
Name *Sam'l T. Hull*Mother's
Maiden Name *Katherine Dickerhoff*Cause of
Death { Primary *Unknown*
ImmediateHow long sick
179~~Accident~~, ~~Selficide~~, ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

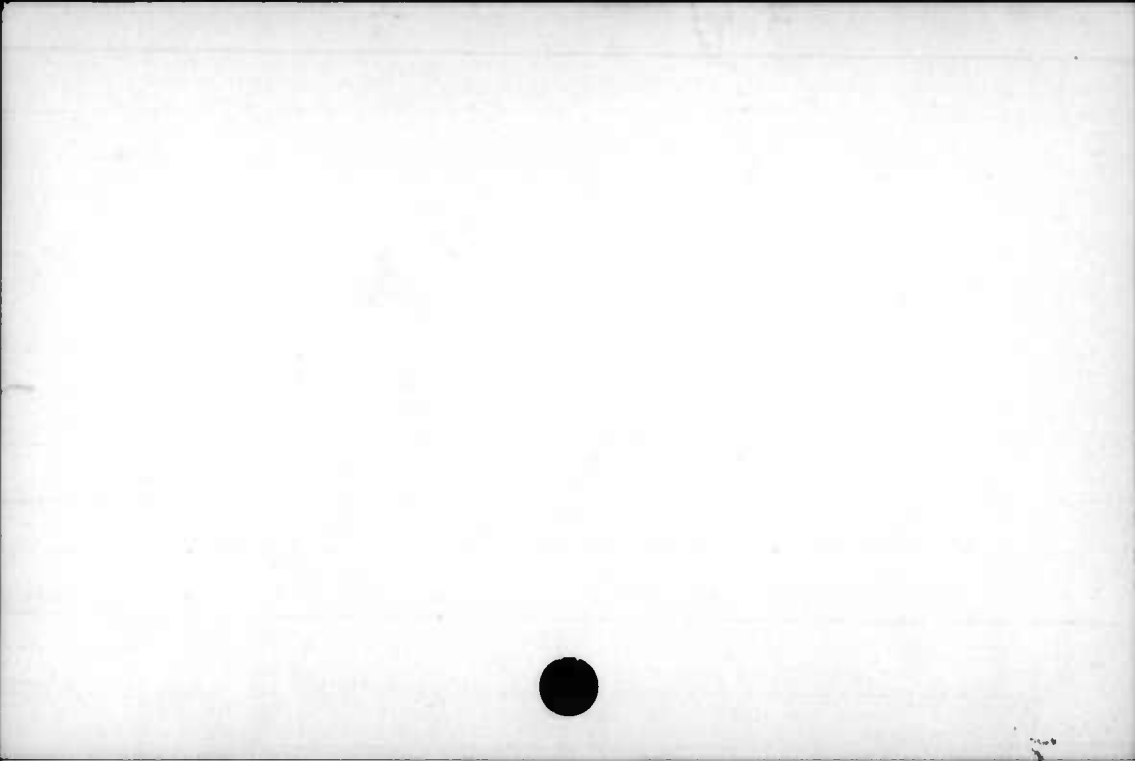
Died <i>near Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan.</i>	Day <i>27</i>	Age <i>68</i>	Months <i>2</i>	Days <i>6</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Md.</i>			
Married, Single or Widowed <i>married</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Ella Hyde</i>					
Father's Name <i>Isaac Hyde</i>			Father's Birthplace <i>Pa.</i>		
Mother's Maiden Name <i>Mary Lambert</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Ella Hyde</i>			How related to deceased <i>wife</i>		

CAUSES OF DEATH

Primary <i>Carcinoma</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long <i>1 month.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William D. Smith, Jr.</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide? <i>—</i>	

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

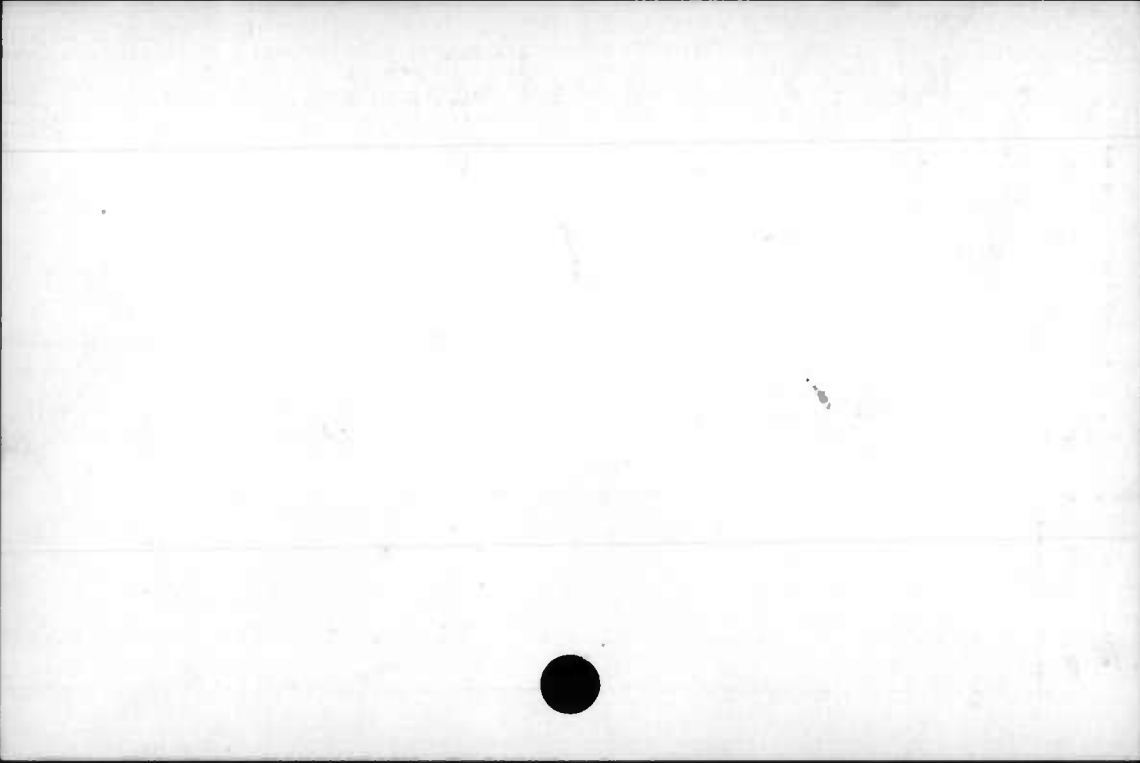
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Justice</i>		Town <i>Smoke town</i>		County <i>Washington</i>		MARYLAND	
Died at		Month <i>Jan</i>		Day <i>27</i>		Years <i>70</i>	
Date of death 190 <i>3</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place			
Married, Single or Widowed				Occupation <i>Laborer</i>			
Name of Wife or Husband							
Father's Name <i>✓</i>				Father's Birthplace <i>79</i>			
Mother's Maiden Name <i>✓</i>				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long <i>Sudden</i>	
Immediate <i>Heart Failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo T Smith</i>	
		Address <i>Barnaborn</i>	
Accident or Suicide? <i>—</i>		<i>Ind</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Knode

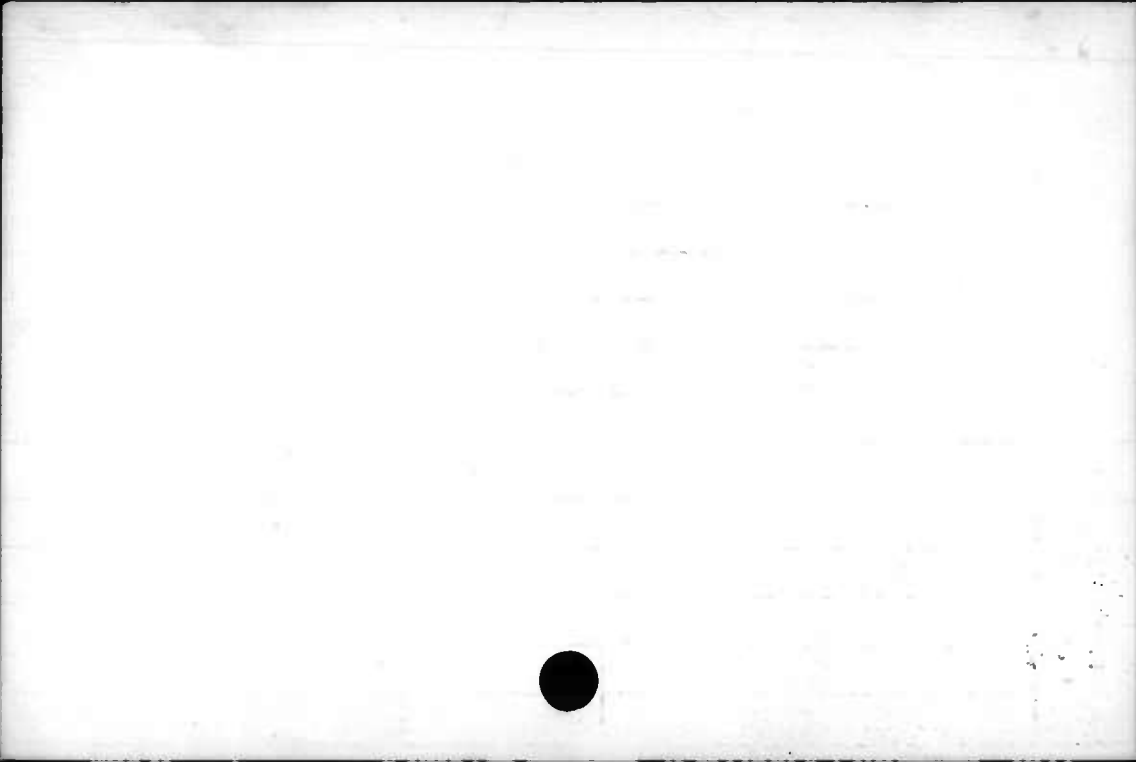
Died at <u>Spickler</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>1</u>	Day <u>7</u>	Age <u>61</u>	Years <u>2</u>	Months <u>1</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Housewife</u>		
Name of Wife <u>Oliver Knode</u> Husband					
Father's Name <u>Wm Beard</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Oliver Knode</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

Primary <u>Mitral regurgitation</u>	How long <u>1 year</u>
Immediate <u>Anasarca</u>	How long <u>2 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C. J. Mason</u>
	Address <u>Clearspring, Md</u>
Accident or Suicide? <u>_____</u>	

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

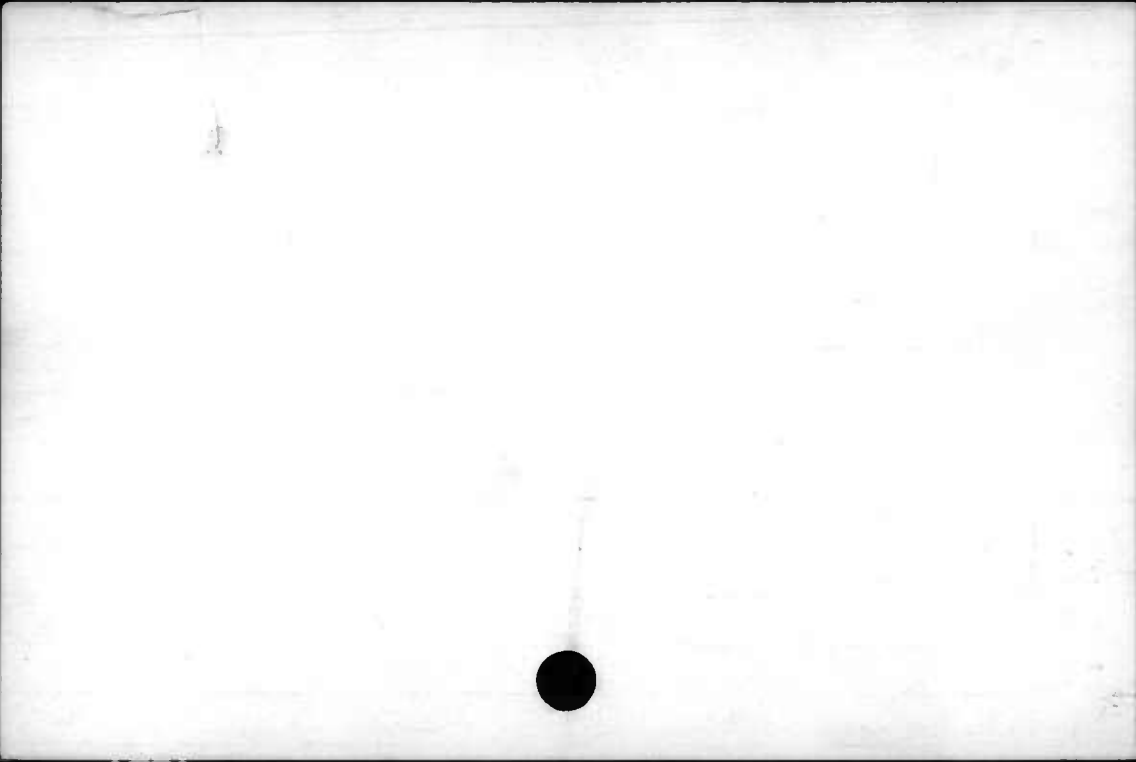
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clearspring</i> Town		<i>Washn</i> County		MARYLAND	
Date of death 1903	Month <i>1</i>	Day <i>15</i>	Age <i>—</i>	Years <i>—</i>	Months <i>1</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>John O. Leary</i>			Father's Birthplace <i>W. Va</i>		
Mother's Maiden Name <i>Hannah Penner</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Dr Mason</i>			How related to deceased <i>none</i>		

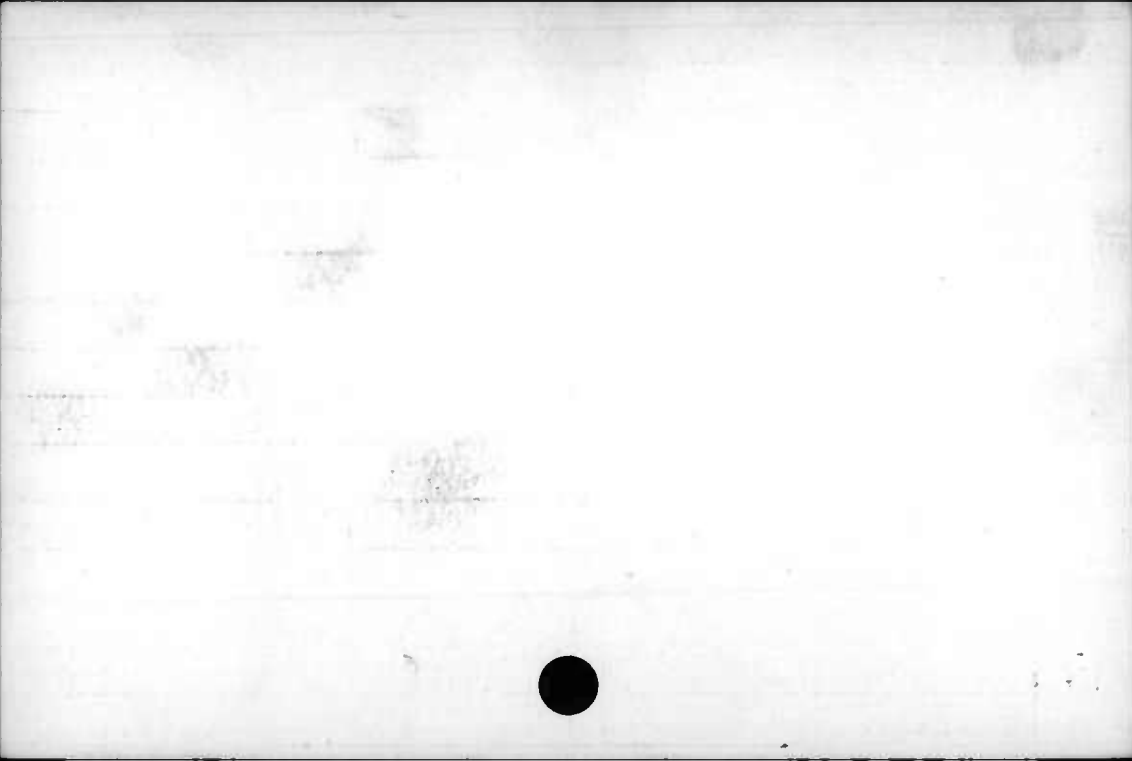
CAUSES OF DEATH

Primary	<i>Broncho-Pneumonia</i>	How long	<i>5 days</i>
Immediate	<i>Cardiac Failure</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. T. Mason</i>	
<i>—</i>		Address <i>Clearspring md</i>	
Accident or Suicide? <i>—</i>			

PHYSICIAN
OR CORONER
1



Name in Full		Clarence Leftridge				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} <i>Haystown</i>		^{County} <i>Washington</i>		MARYLAND	
		Date of death 190 <i>8</i>		Month <i>1</i>		Day <i>24</i>	
		Age <i>1</i>		Years <i>1</i>		Months <i>10</i>	
		Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Haystown Md</i>	
		Married, Single or Widowed <i>Child</i>		Occupation			
		Name of Wife or Husband					
		Father's Name <i>Eli Leftridge</i>				Father's Birthplace <i>Na</i>	
		Mother's Maiden Name <i>Fannie Frances</i>				Mother's Birthplace <i>Beaver Creek Md</i>	
Name of person giving information <i>Fannie Leftridge</i>				How related to deceased <i>Mother</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER 1		Primary <i>Pneumonia</i>				How long	
						How long	
		Immediate					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>A. P. Shupper</i>	
				Address <i>Haystown, Md</i>			
Accident or Suicide?							



Name
in
Full

Arthur Noble McKee

CERTIFICATE OF DEATH

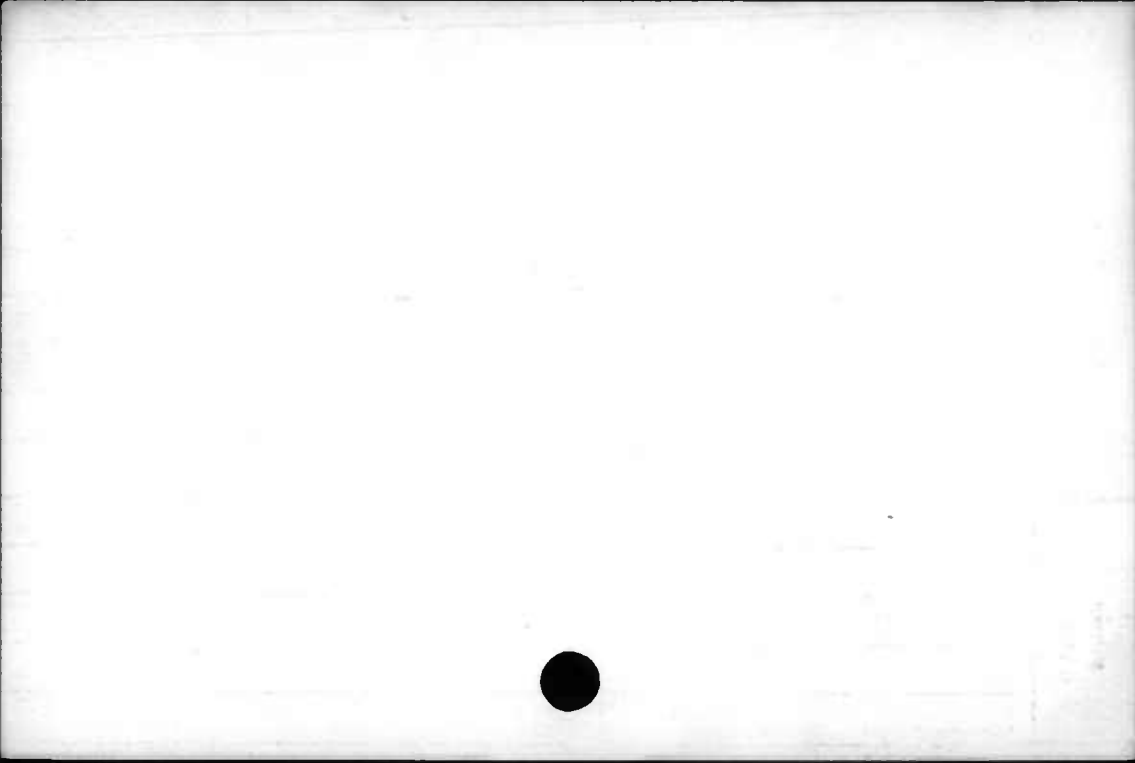
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Clearspring</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death 190	<u>3</u> - <u>1</u> - <u>23</u>	Month	Day	Age	Years
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place	<u>Md</u>
Married, Single or Widowed <u> </u>		Occupation <u> </u>			
Name of Wife or Husband <u> </u>					
Father's Name <u>Frederick McKee</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Martha Bridenolph</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Mollie Frank</u>			How related to deceased <u>None</u>		

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

Primary	<u>Concussion of Brain</u>	How long	<u>7 weeks</u>
Immediate	<u>Cerebral Hemorrhage</u>	How long	<u>1 1/2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>C. J. Mason, M.D.</u>	
<u>Yes</u>		Address <u>Clearspring</u>	
Accident or Suicide?		<u>Maryland</u>	



Name
in
Full

Steele born child

CERTIFICATE OF DEATH

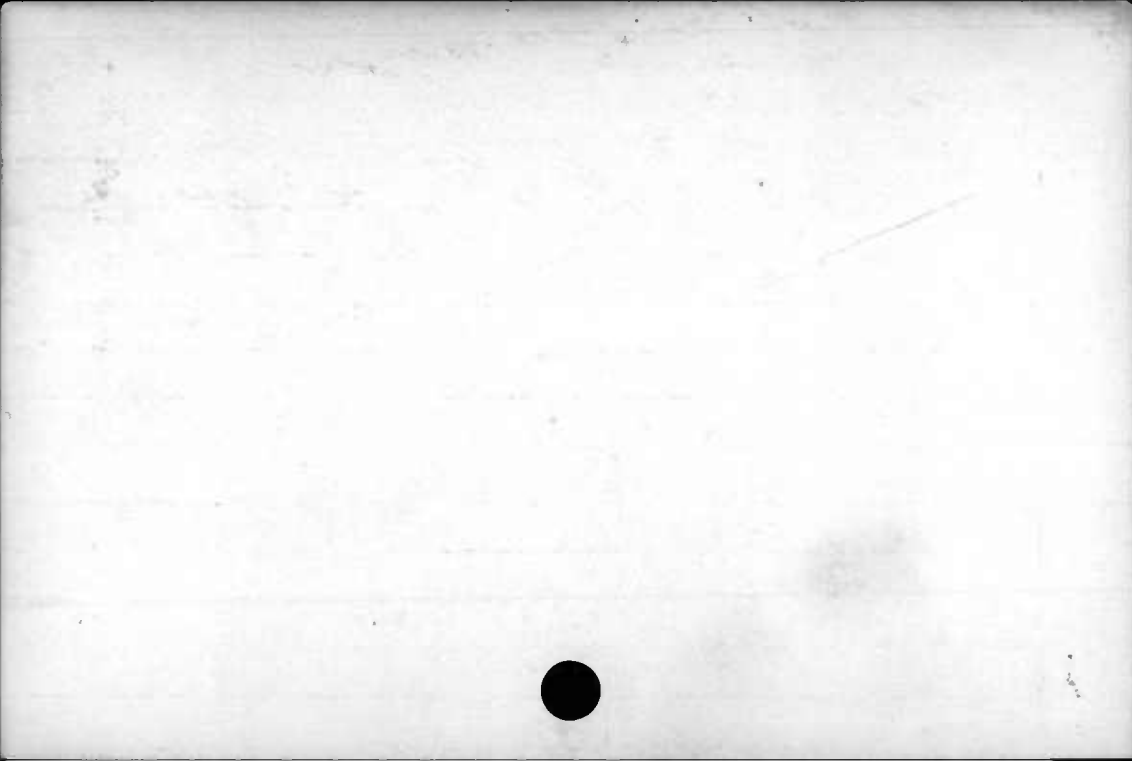
TO BE ANSWERED BY
NEAREST FRIEND

Town <u>Heaguerstown</u>		County <u>Washington</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>June</u>	Day <u>19</u>	Years <u>1850</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth place <u>Heaguerstown MD</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Chas M. Magaha</u>			Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Lenora Trebel</u>			Mother's Birthplace <u>MD</u>		
Name of person giving information <u>Dr. W. D. Tague</u>			How related to deceased <u>not at all</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>—</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. W. D. Tague</u>
	Address <u>Heaguerstown, MD</u>
Accident or Suicide?	



Name
in
Full

Ann E. Markert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bossesboro</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u> ^{Month} <u>Jan</u> ^{Day}		Age <u>68</u> ^{Years}		Months <u> </u> Days <u> </u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Married, <u>Single</u> Widowed		Occupation <u>Housewife</u>			
Name of Wife Husband <u>George Markert</u>					
Father's Name <u>Maac Sumner</u>		Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Eveline Bussard</u>		Mother's Birthplace <u>md</u>			
Name of person giving information <u>Mrs Duell Green</u>		How related to deceased <u>Daughter</u>			

CAUSES OF DEATH

PHYSICIAN
OF CORONER

Primary <u>Uterine. Enteritis</u>	How long <u>106</u>	How long <u>5 days.</u>
Immediate <u>General Debility, Collapse.</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. Hubert Wade, M.D.</u>	
	Address <u>Bossesboro. Md.</u>	
Accident or Suicide?		



Name in Full

Certificate of Death

Marion Irene Masters

Died at ^{Town} Smithsburg ^{County} Washington MARYLAND

Date 1903 1 12 Age 25 11 Native of Md. Occupation _____

Male _____ White _____ Married _____ Widow _____ Divorced _____
 Female _____ Colored _____ Single _____ Widower _____ Number of children living _____

Husband
of
Wife

Father's Name Joseph C Masters Mother's Name Rennie O Strope

Cause of Death Primary Measles 6
 Immediate Pneumonia
 How long sick 8 days
 Accident, Suicide, Homicide

Reported by Dr. L. M. Steck

Address Smithsburg Md.

Inscribed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 79998



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		1	2				2
Sex	Female		Color or Race	White		Birth-place	Conococheague
Occupation			Where Residing if not at place of death		At place of death		
Married, Single		Name of Wife or Husband					
Father's Name	Edward V. Miller				Father's Birthplace	Balt. Co	
Mother's Maiden Name	Lettie H. Miller				Mother's Birthplace	Washington Co	
Name of person giving information	Edward H. Miller				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	A malformation		How long	From birth
Immediate	Inanition		How long	From birth
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Abraham Shank
			Address	Clear Spring
				Washington Co. Md
Accident or Suicide?				



Name

in
Full

CERTIFICATE OF DEATH

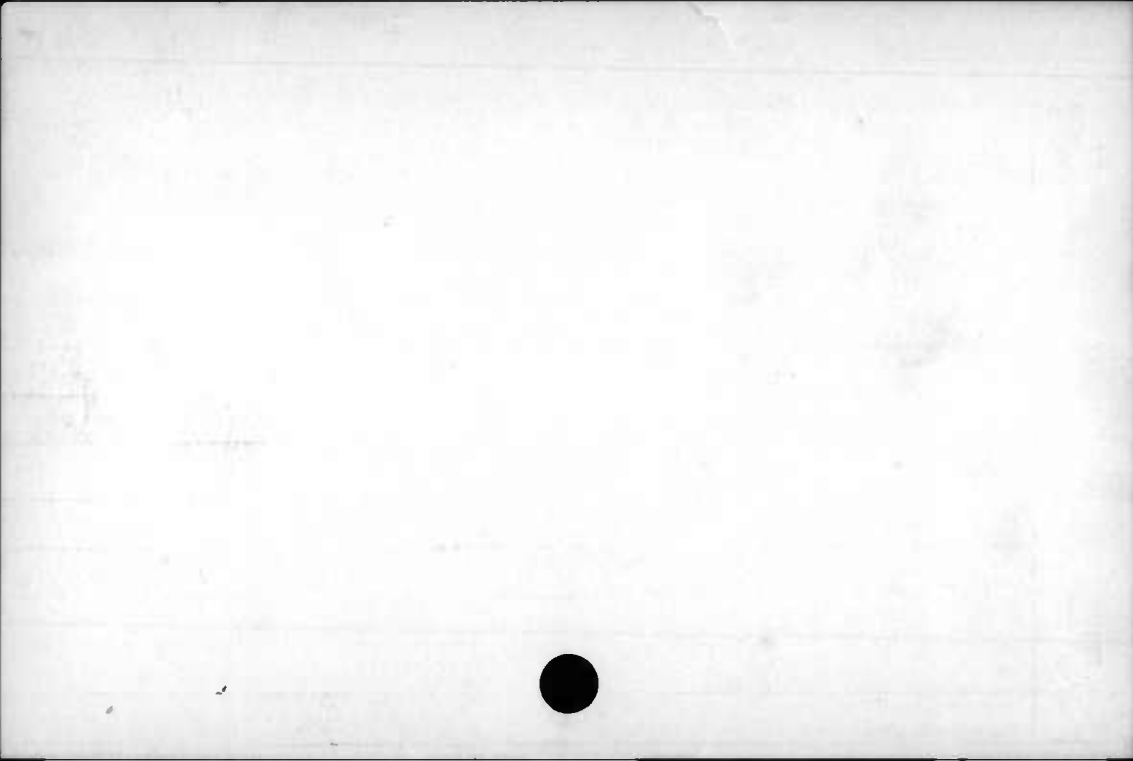
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mrs Elizabeth Munday</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>1</i>		Day <i>17</i>		Age <i>81</i>	
Date of death 190 <i>3</i>		Months <i>1</i>		Years <i>17</i>		Days <i>17</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>John Munday</i>							
Father's Name <i>Jacob Bequinner</i>		Father's Birthplace <i>not known</i>					
Mother's Maiden Name <i>Mary Alice</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Mrs. Jentzen</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER
1

Primary <i>Chronic Bronchitis</i>	How long <i>2 years</i>
Immediate <i>Heart Failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. S. Moxon</i>
<i>As far as I know</i>	Address <i>Hagerstown</i>
Accident or Suicide?	



Name
in
Full

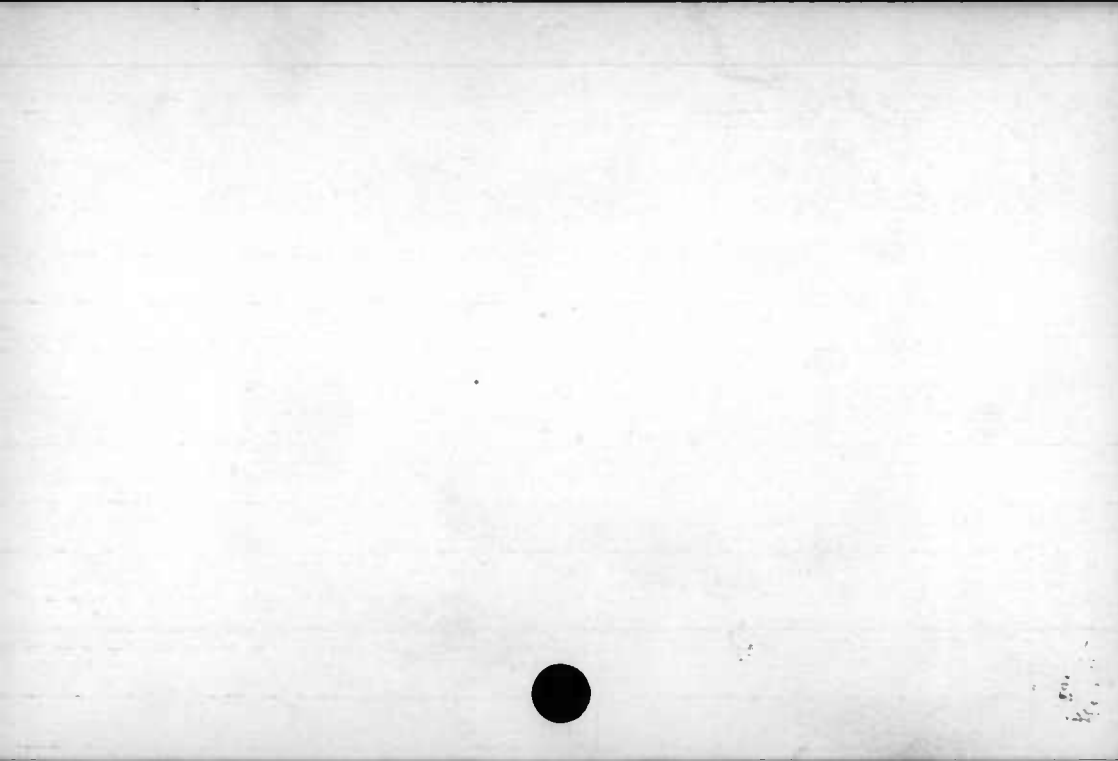
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town} <i>Wash.</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Jan</i>	Day <i>20</i>	Age <i>81</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Ireland.</i>	
Married, Single or Widowed <i>widow</i>	Occupation <i>H. U. S.</i>		
Name of Wife or Husband <i>Jeremiah Melligan</i>			
Father's Name <i>Cecilia Sullivan</i>	Father's Birthplace <i>Ireland.</i>		
Mother's Maiden Name <i>Mary M^c Namara</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Mrs. Jacob Gutterer.</i>	How related to deceased <i>daughter</i>		

CAUSES OF DEATH

Primary	How long
Immediate <i>Senility</i>	How long <i>154</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. Suter Undertaker</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Philadelphia. Peacher

CERTIFICATE OF DEATH

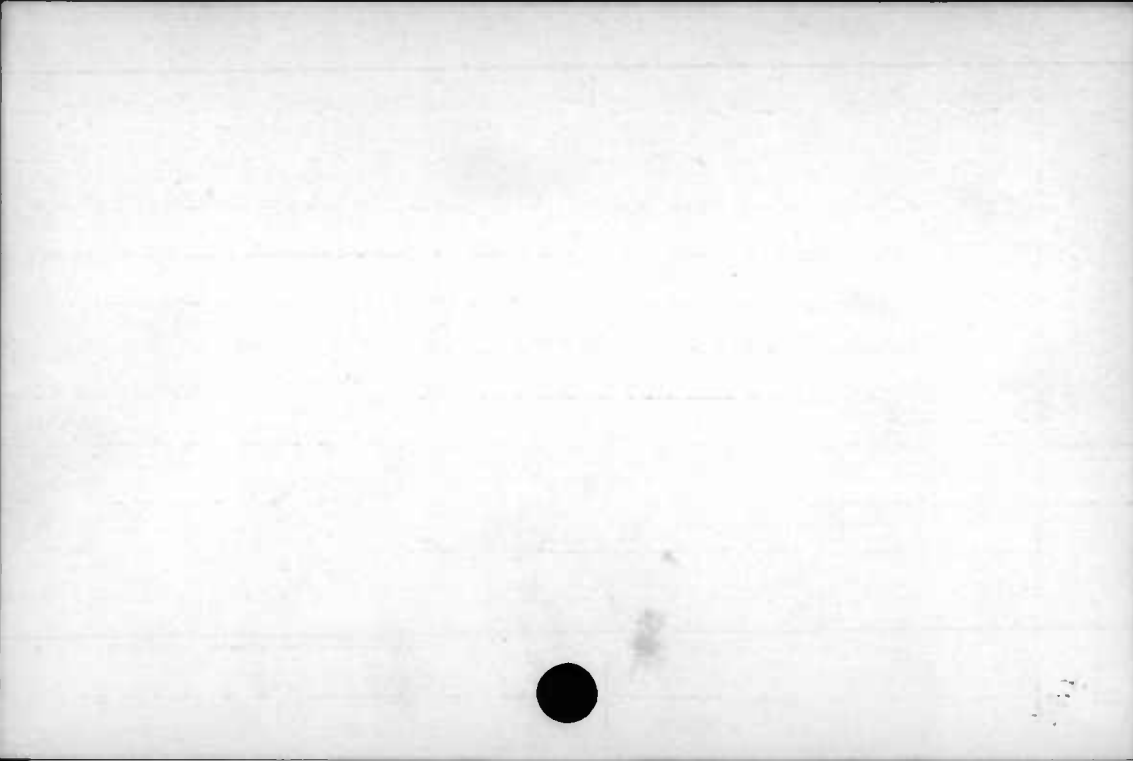
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bellrow</u> Town		<u>Washington</u> County		MARYLAND	
Date of death 190	<u>3</u> Month	<u>14</u> Day	Age <u>44</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Wood G Md.</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>(Drucker)</u>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

Primary <u>Gunshot Wound</u>	How long <u>1 Month</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician
	Address <u>W B Momeon</u>
Accident or Suicide? <u>No</u>	<u>Hagerstown Md</u>



Name
in
Full

Henrietta Penner

CERTIFICATE OF DEATH

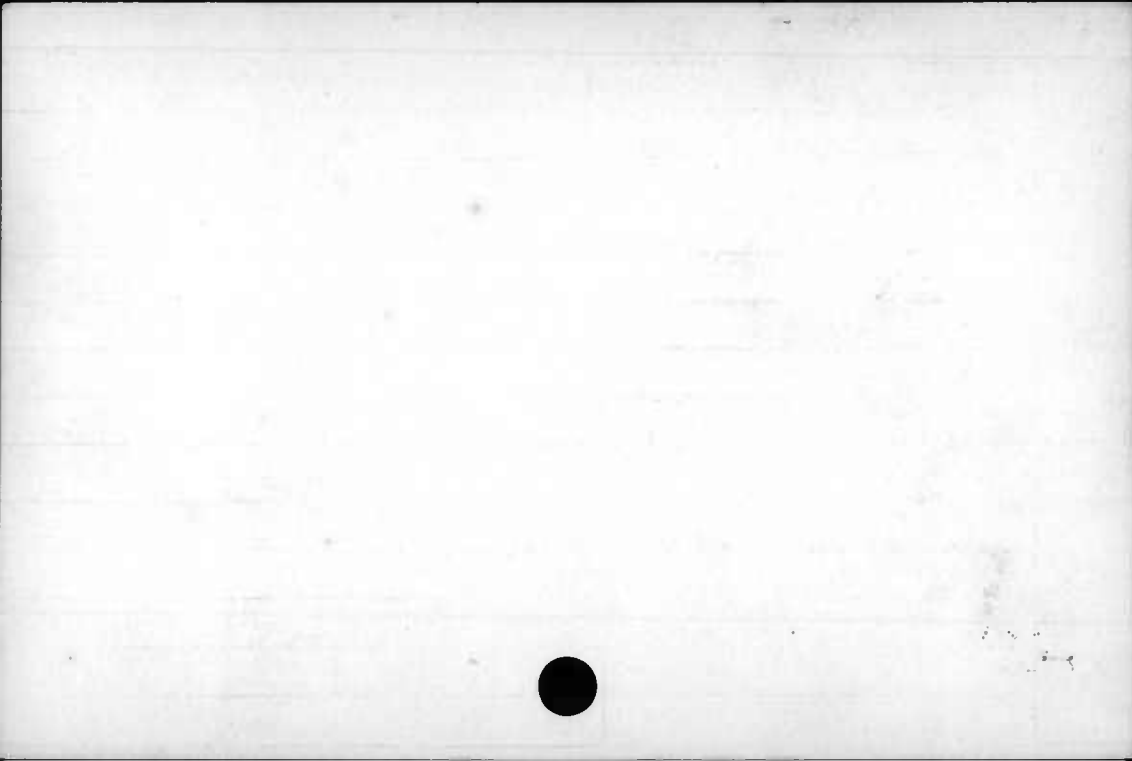
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clearys Pines</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death 1903	Month 1	Day 17	Age 40	Years	Months	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Clearys Pines</i>			
Married, Single or Widowed		Occupation <i>Housewife.</i>					
Name of Wife or Husband <i>Levi Penner.</i>							
Father's Name <i>Josephia Baitles.</i>		Father's Birthplace <i>Washington Co.</i>					
Mother's Maiden Name <i>Susan James.</i>		Mother's Birthplace <i>Washington County</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER
1

Primary <i>Typhoid fever</i>	How long <i>4 weeks</i>
Immediate <i>Exhaustion and heart failure</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Abraham Shank</i>
<i>Clearys Pines</i>	Address <i>Washington Co.</i>
<i>Accident or Suicide?</i>	



Name
in
Full

Harry Victor Riedel.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ageretown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i> ^{Month} <i>Jan</i> ^{Day} <i>25</i>	Age <i>—</i> ^{Years}	Months <i>1</i>	Days <i>10</i>		
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Ind.</i>			
Married, Single or Widowed <i>single</i>	Occupation <i>child.</i>				
Name of Wife or Husband <i>— — — — —</i>					
Father's Name <i>Harry Riedel</i>			Father's Birthplace <i>Pa.</i>		
Mother's Maiden Name <i>Myrtle Morganthal</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Mr. Myrtle Riedel</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

Primary <i>Broncho - Pneumonia</i>	How long <i>3 days.</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Peter Guillen, Jr.</i>
	Address <i>34 West Washington Ageretown, Ind.</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Susan S. Rohrer

Town

County

Died at

Rohrerstown

Wash.

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

1 6

Age 28 22

Ind.

none

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

E. J. S. Rohrer

Maiden Name

Cora A. Clopper

Cause of

Primary

Enteric Colitis

How long sick

15 days

Death

Immediate

106

Accident, Suicide, Homicide

Reported by

C. W. Baker.

En d

Address

Rohrerstown

Mayland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blairs Valley Wash, D.C.</i>		STATE OF <i>MARYLAND</i>	
Date of death <i>1903 Jan 18</i>	Age <i>33</i>	<i>7</i>	Days <i>17</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Ind, Wash, Co.</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>laborer</i>	
Name of Wife or Husband			
Father's Name <i>Wm Simpson</i>		Father's Birthplace	
Mother's Maiden Name <i>Louise Kind</i>		Mother's Birthplace <i>Ind</i>	
Name of person giving information <i>Wm Barthes</i>		How related to deceased <i>Bro, in law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>about 2 yrs</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>none of late</i>
	Address <i>Franky Boos Undertaker</i>
Accident or Suicide? <i>Franky</i>	

111

Name
in
Full

Charles L. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1903		Jan	11	Age 62	1	26	
Sex	Male	Color or Race	White		Birth-place	England	
Married, Single or Widowed	Widowed			Occupation	Boos on railroad		
Name of Wife or Husband	Never - Know						
Father's Name	Never - Know				Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information	Charles Swain				How related to deceased	Son in law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Influenza	How long	About 3 wks.
Immediate	Bronchitis pneumonia	How long	10
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Ch. W. Garrett Sharpsburg, Md.	
Accident or Suicide?			

Eugene Mader
Undertaker.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Earl Randolph Smith</i>		Town <i>Raven Rock</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Raven Rock</i>		Month <i>1</i>		Day <i>23</i>		Years <i>7</i>	
Date of death 190 <i>3</i>		Age <i>7</i>		Months <i>16</i>		Days <i>16</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>Mamie Smith</i>							
Father's Name <i>Jacob Smith</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Rebecca Mainer</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Benjamin Young</i>				How related to deceased <i>No Relation</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>3 days</i>	
Immediate <i>Congestion of lungs</i>		How long <i>few days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>N. B. Riddle</i>	
		Address <i>Smithsburg Washington Co Md</i>	
Accident or Suicide? <i>—</i>			



Name

in
Full

Thomas Smith

CERTIFICATE OF DEATH

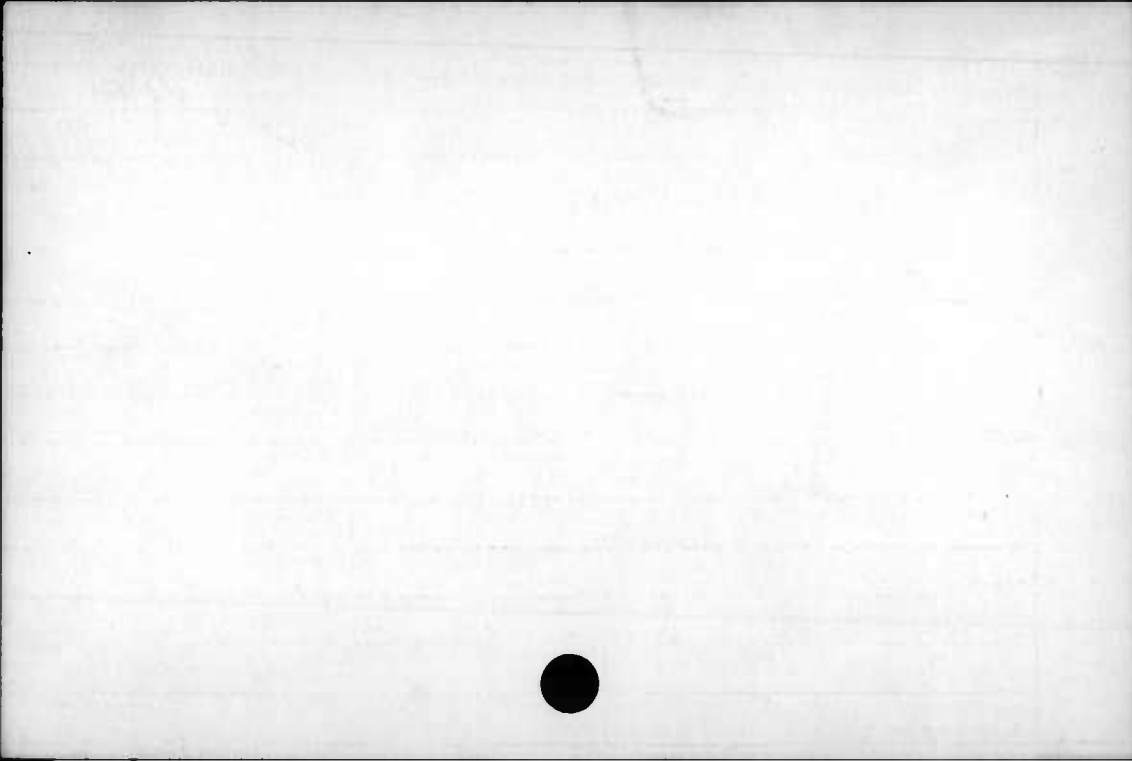
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death 1903	Month <i>1</i>	Day <i>29</i>	Age <i>53</i>	Months <i>6</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Va</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Blacksmith</i>			
Name of Wife or Husband					
Father's Name <i>Harrison Smith</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Susanna Hagerus</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diabetes</i>	<i>50</i>	How long	<i>Several years</i>
Immediate	<i>..</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas. B. Boylind</i>		
		Address <i>Hagerstown Md</i>		
Accident or Suicide?				



Name in Full

Certificate of Death

William Smively

Died at ^{Town} Blaver Creek ^{County} Wash MARYLANDDate 1903 ^{Month} 1 ^{Day} 17 ^{Y.} ^{M.} 6 ^{D.} 8 ^{Native of} B.C. ^{Occupation} —

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband of _____

Wife _____

Father's Name Moses Smively Mother's Maiden Name Rachel Jackson

Cause of Death { Primary Pneumonia 93
Immediate Heart ParalysisHow long sick 8 days
~~Accident, Suicide, Homicide~~

Reported by Dr. S. P. Davis

Address 1 Boonsboro Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Elizabeth A Spilman

Town

County

Died at Antietam Creek Bridge

Washington Co

MARYLAND

Date 1923

Month

Day

Y.

M.

D.

Native of

Occupation

1 5

Age 65-2-27

Md

Housewife

Male

White

Married

~~Widow~~

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

5

Husband of

Wife

Father's

Name

Nephtie Spilman

Orville Waltemyer

Mother's

Orville Waltemyer

Maiden Name

Cause of

Primary

La Grippe

Death

Immediate

La Grippe

10

How long sick

Five days

~~Accident, Suicide, Homicide~~

Reported by

Address

Hagerstown Md.

Chas. B. Boyle M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Martin Startzman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

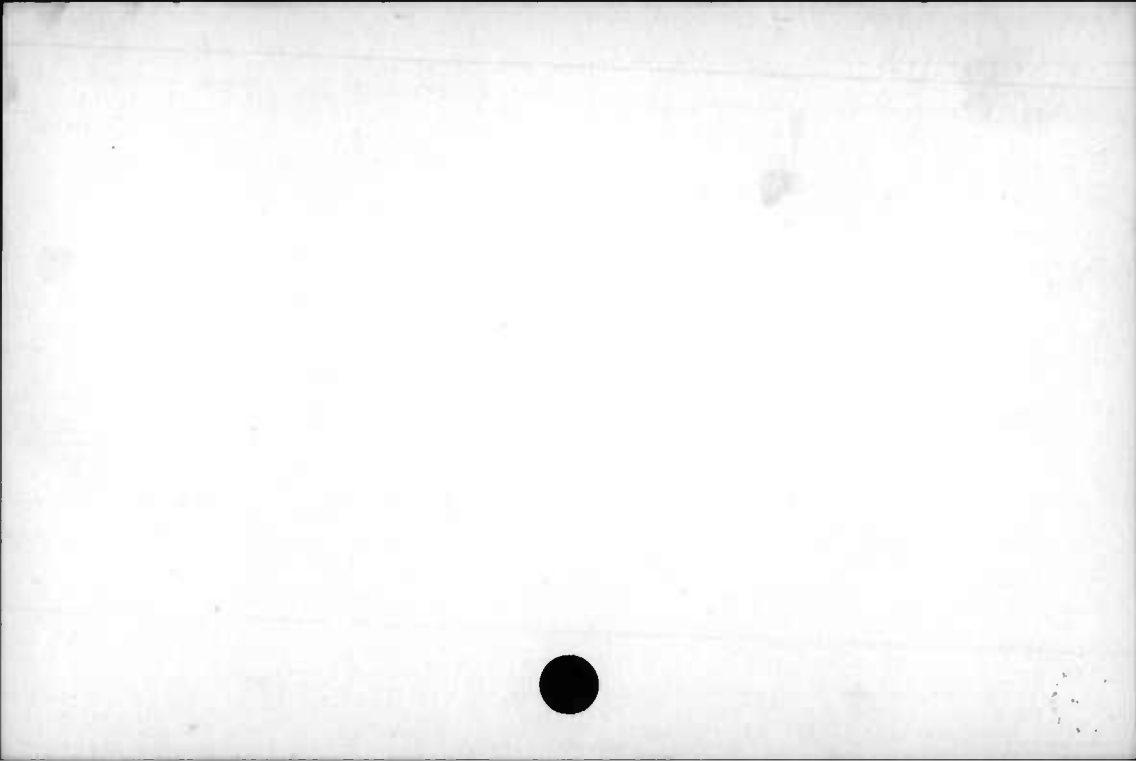
Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 1903	<i>8</i> ^{Month}	<i>31</i> ^{Day}	Age <i>89</i> ^{Years}	<i>2</i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Mo</i>		
Married, Single or Widowed <i>Widower</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Betty Watkins</i>					
Father's Name <i>Martin Startzman</i>			Father's Birthplace		
Mother's Maiden Name <i>Mary Keller</i>			Mother's Birthplace		
Name of person giving information <i>Mrs Estine</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

Primary <i>Old Age General Senility</i>	How long <i>about 1 year</i>
Immediate <i>The same.</i>	How long <i>6 weeks</i>

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. J. Morrison</i>
	Address <i>Hagerstown Maryland</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

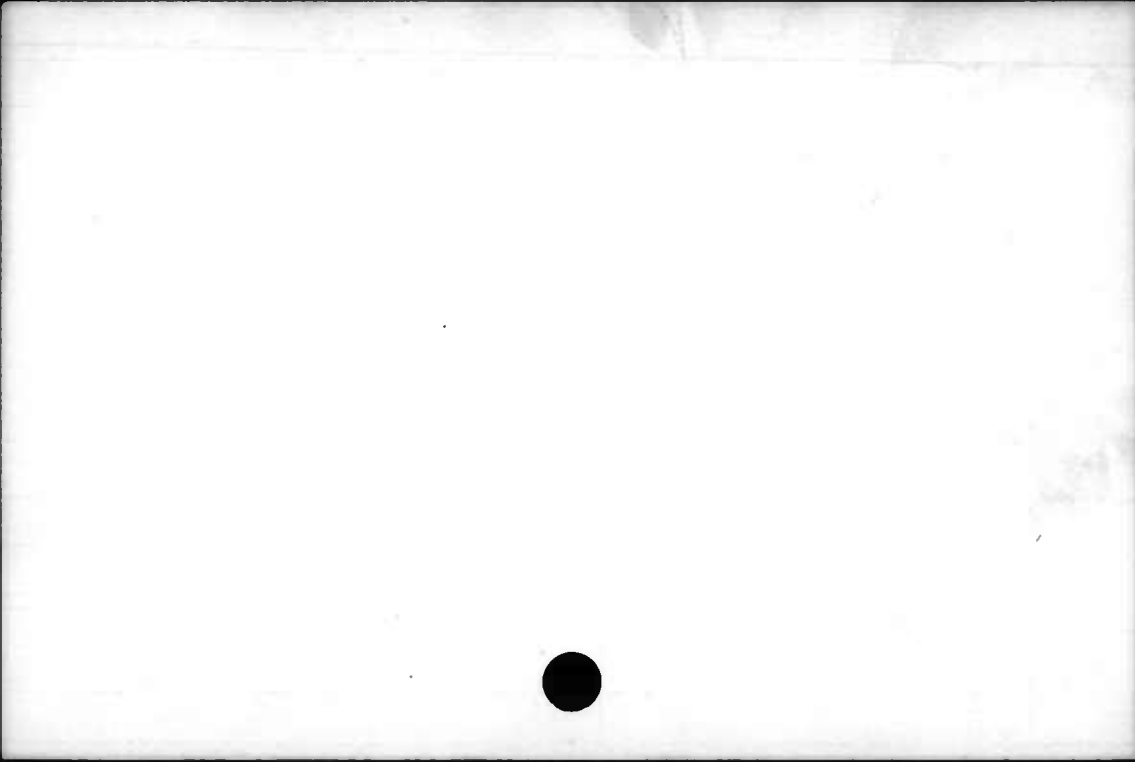
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smithsburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190 <i>8</i>	Month <i>Jan.</i>	Day <i>10</i>	Years <i>43</i>	Months <i>8</i>	Days <i>25</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Peter Tracy</i>					
Father's Name <i>John Kendal</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Peter Tracy</i>			How related to deceased <i>41</i> <i>stepson</i>		

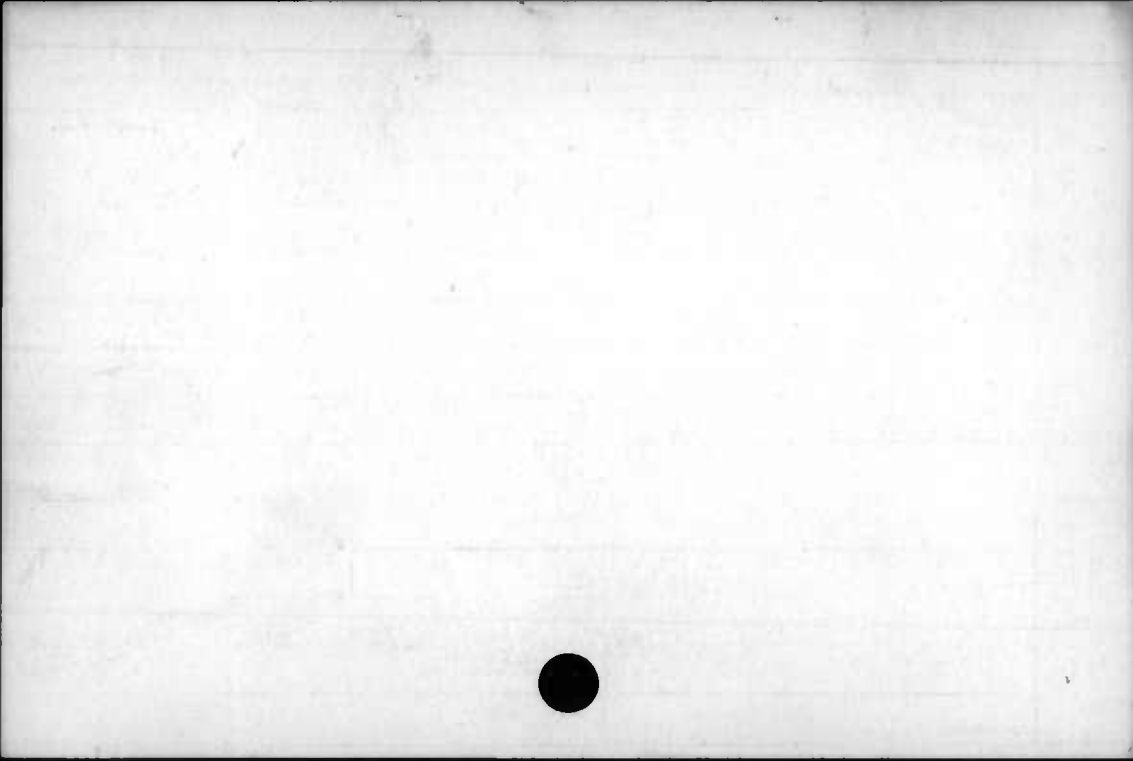
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Intestine</i>	How long <i>1 1/2 yrs.</i>
Immediate <i>Exhaustion</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. Warner M.D.</i>
	Address <i>Smithsburg, Md.</i>
Accident or Suicide?	



Name in Full		Still Born				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at Town			County Washington			MARYLAND	
		Date of death 1903		Month 1	Day 16	Age Years		Months -	Days -
		Sex Female		Color or Race Black		Birth- place Hagerstown			
		Married, Single or Widowed				Occupation			
		Name of Wife or Husband							
		Father's Name William Stoyner				Father's Birthplace Hagerstown			
Mother's Maiden Name Julia Crompton				Mother's Birthplace Bedford Co					
Name of person giving In formation William Stoyner				How related to deceased Father					
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary Still Born			How long				
		Immediate			How long				
		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician A K Coffman				
		Accident or Suicide?			Address Undertaker Hagerstown Md				



Name
in
Full

Louise Watts

CERTIFICATE OF DEATH

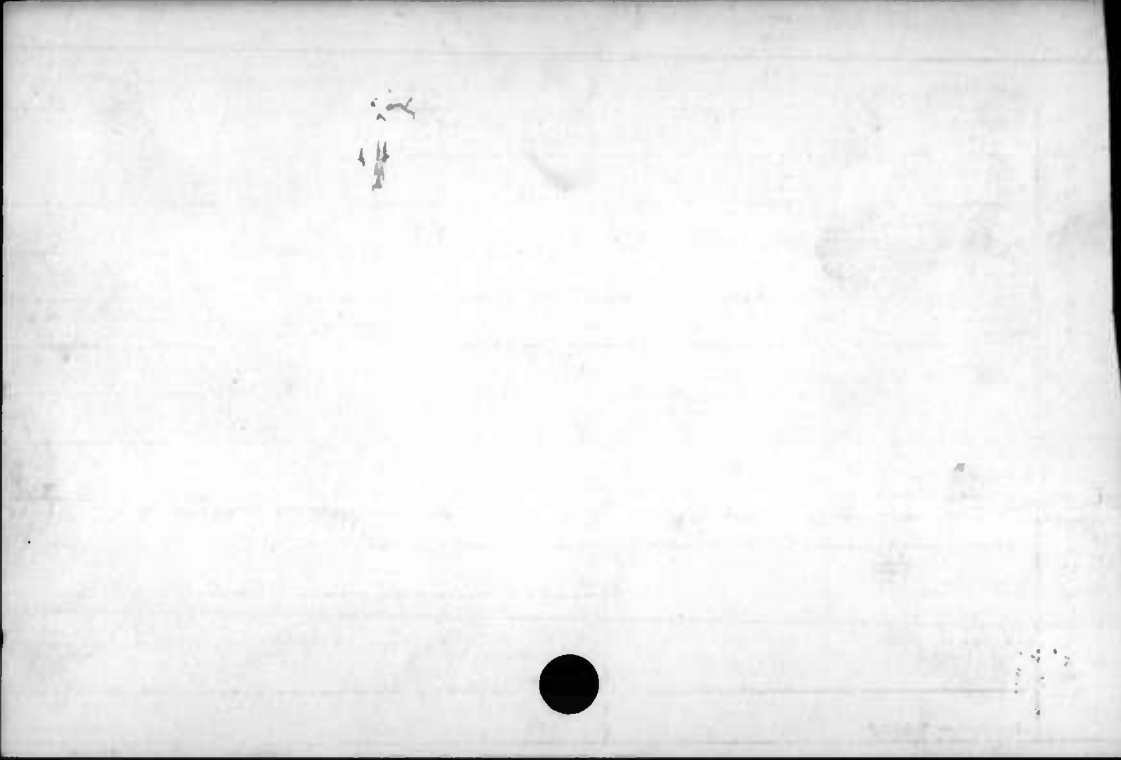
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clearspring</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>1</i>	Day <i>26</i>	Age <i>37</i> ^{Years}	Months <i>10</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Joseph Watts</i>					
Father's Name <i>Wm. Drum</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Margaret Drum</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Joseph Watts</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer</i>	How long <i>45</i> <i>One year</i>
Immediate <i>Exhaustion</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Abraham Shank</i>
	Address <i>Clearspring Washington Co.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

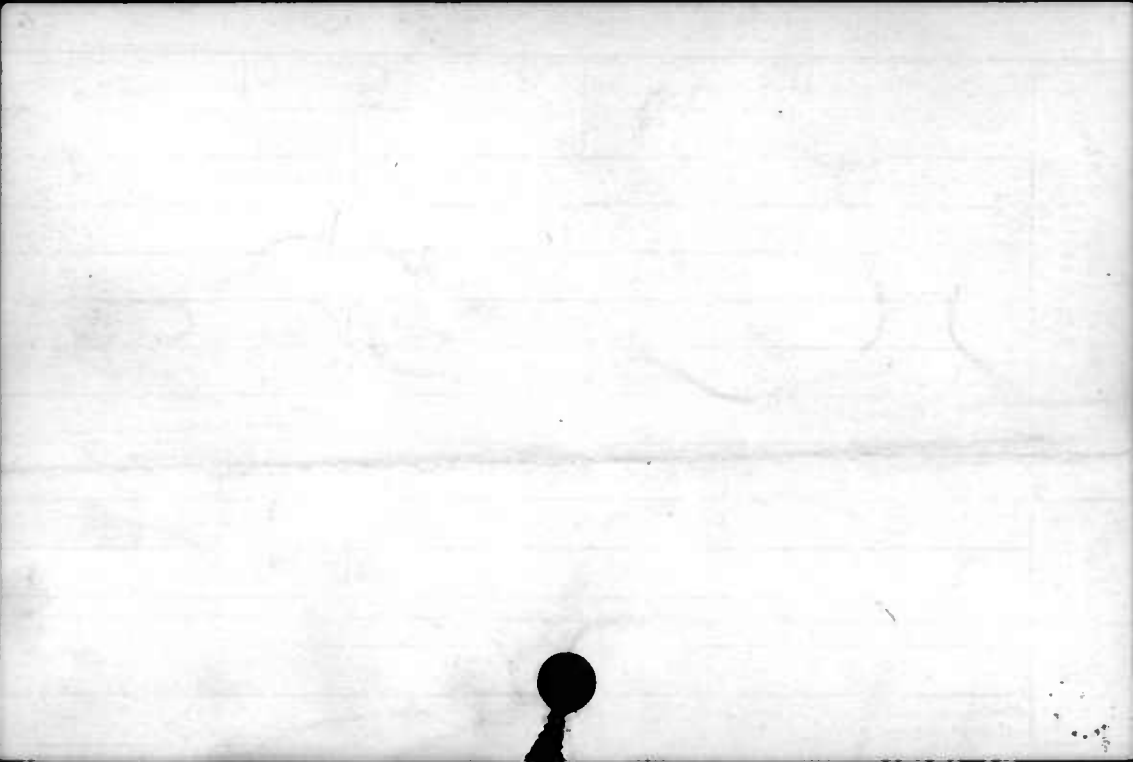
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jacob Wiles</i>		Town <i>Cornwheat</i>		County <i>Washington</i>		MARYLAND	
Died at		Date of death 1903		Month <i>1</i>		Day <i>18</i>	
		Age		Years <i>68</i>		Months <i>2</i>	
		Days <i>14</i>		Sex <i>Male</i>		Color or Race <i>White</i>	
		Birth-place <i>Germany</i>		Married, Single or Widowed <i>Married</i>		Occupation <i>Stone Mason</i>	
		Name of Wife or Husband <i>Louisa Wiles</i>		Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>	
		Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>		How related to deceased <i>Wife</i>	
		Name of person giving information <i>Louisa Wiles</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular Disease of heart</i>	How long	<i>2 yrs.</i>
Immediate	<i>"</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Yes <i>Yes</i>	
Signature of Physician		<i>Dr. H. C. Foster</i>	
Address		<i>Crarepring.</i>	
Accident or Suicide?			



Name
in
Full

Rufus Wilson Wolford

CERTIFICATE OF DEATH

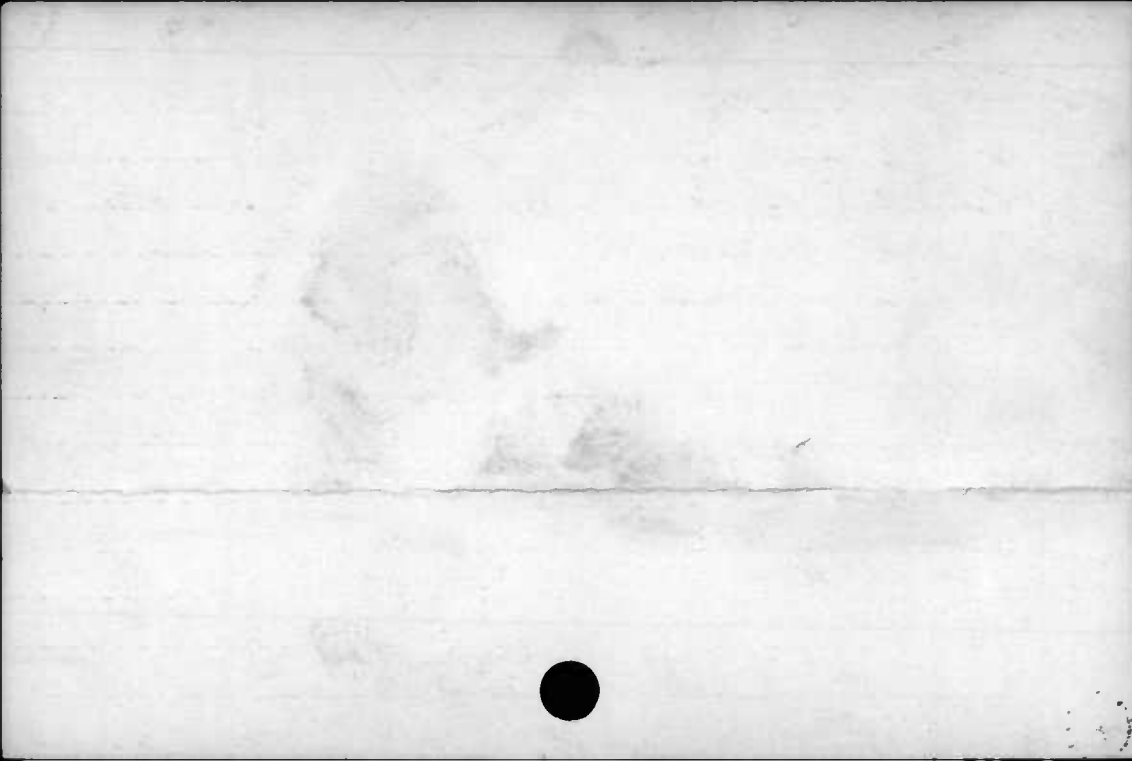
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Conococheague</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan.</i>	Day <i>1st</i>	Age <i>40</i>	Months <i>—</i>	Days <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Fair View, Md.</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Laborer</i>		
Name of Wife or Husband					
Father's Name <i>William Wolford</i>			Father's Birthplace		
Mother's Maiden Name <i>Susan Cunningham</i>			Mother's Birthplace		
Name of person giving information <i>Mrs</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER
(1)

Primary <i>Tubercular Laryngitis</i>	How long <i>1 1/2 yrs.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. Doose</i>
	Address <i>Williamsport, Md.</i>
Accident or Suicide?	



Name
in
Full

Maliinda Zittle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>1</i>	Day <i>5</i>	Age <i>66</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Boonsboro</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>House work</i>					
Name of Wife or Husband <i>Joseph J. Zittle</i>							
Father's Name <i>Jacob Spielman</i>				Father's Birthplace <i>Boonsboro</i>			
Mother's Maiden Name <i>Elyse Houph</i>				Mother's Birthplace <i>Boonsboro</i>			
Name of person giving information <i>Joseph Zittle</i>				How related to deceased <i>Husband</i>			
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis & Endocarditis</i>	How long <i>1 year -</i>
Immediate <i>Exhaustion</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Victor D. Miller, Jr.</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide? <i>—</i>	

